

RELEASE AND WAIVER FORM

Print or type **name**, **date of birth** and **place of birth** of applicant (if an individual), or of all office holders (if applicant is a corporation, partnership, etc.)

I (we) are seeking certification as a common carrier in Rhode Island. I (we) hereby direct and authorize the Division of Criminal Identification of the Attorney General's Office for the State of Rhode Island to make available to the Division of Public Utilities and Carriers any information on file in reference to me (us.)

I (we) hereby release the Division of Public Utilities and Carriers, the State of Rhode Island, and the Division of Criminal Identification of the Attorney General's Office for the State of Rhode Island, collectively and individually, from all legal responsibility or liability that may arise from the release of such criminal records, and I (we) hereby waive all rights of action in both law and equity which I may not have or later acquire as the result of the release of such criminal records.

Signature of Applicant(s) before Notary Public

Subscribed and Sworn before me in Rhode Island, this _____ day of _____, 2002.

Printed name of Notary Public

Signature of Notary Public

My commission expires: _____